| PART B - FEE(S) TRANSMITTAL | | | | | | | |
|---|--------------|-----------|---|--|---------------------|--------------|--|
| Complete and send this form, together with applicable fee(s), to: I | | | | P.O. Box 1450 Alexandria, Virginia 22313-1450 | | | |
| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be complete appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence ad indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDR maintenance fee notifications. | | | | | | | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23850 7590 10/04/2004 | | | | Note: A certificate of mailing can only be used for domestic mailin Fee(s) Transmittal. This certificate cannot be used for any other accom papers. Each additional paper, such as an assignment or formal draw have its own certificate of mailing or transmission. | | | |
| | | | | BROOKS, Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with th States Postal Service with sufficient postage for first class mail in an addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO (703) 746-4000, on the date indicated below | | | |
| WASHINGTON, DC 20006 | | | | | | | |
| | E. | | | ` | | | |
| A TRADEMIST | | | | | | | |
| APPLICATION NO. | FILING DATE | | IRST NAME | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION | |
| 10/006,717 | 12/10/2001 | * . | Koichi | ro Abe | 011650 | 3617 | |
| TITLE OF INVENTION: DISPOSABLE SYRINGE DEVICE AUXILIARY UNIT FOR PREVENTING IATROGENIC INFECTION THROUGH NEEDLE | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$685 | | \$300 | \$985 | 01/04/2005 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | 7 | | |
| MAIORINO, ROZ | | 3763 | | 604-192000 | _ | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. A SSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | |
| Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| ATT. CONCENSION OF CONCENSION | | | | The Director is hereby authorized by charge the required fee(s), or credit any overpay | | | |
| Advance Order - # of Copies | | | | | | | |
| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified abo NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or othe interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | |
| Authorized Signature | | | | | | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepa submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comme Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450.

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Typed or printed name Mel R. Quintos